

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case No. _____

Respondent

ATLAS No. _____

**FAMILY COURT /SENSITIVE DATA
COVERSHEET WITHOUT CHILDREN
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLAP 43(G)(1).

A. Personal Information:

Petitioner

Respondent

Name

Gender

☐ Male or ☐ Female

☐ Male or ☐ Female

Date of Birth (Month/Day/Year)

Social Security Number

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM
IF REQUESTING ADDRESS PROTECTION**

Mailing Address

City, State, Zip Code

Contact Phone

Email Address

Current Employer Name

Employer Address

Employer City, State, Zip Code

Employer Telephone Number

Employer Fax Number

B. Type of Case being filed - Check only one category.
**Check only if no other category applies*

Interpreter Needed:

☐ Yes ☐ No

If yes, what language(s)?

- ☐ Dissolution (Divorce)
☐ Legal Separation
☐ Annulment
☐ Order of Protection
☐ Other*

DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.